

Our camp goals are to **have fun** and to learn the skills necessary to enjoy the game of volleyball throughout a lifetime.

This is **not** an elite camp, it is suitable for beginning players of middle school age and those at the high school JV level aspiring to play Varsity. Regardless of their level, players will experience a challenging atmosphere to become better.

All training is specific, which suggests that there is no better training than actually performing in the sport. Our drills and progressions are like the game of volleyball and always have appropriate feedback, which in turn creates the best environment for transfer to the actual sport.

What happens is our campers play volleyball, we give them feedback, they get a lot better, and they have a great time while doing it. Because they are getting better and having a lot of fun they want to play more and work harder, and because they are playing more and working harder they get a lot better, and because



Coach Cullison has directed the Varsity Women's Volleyball program at the John Carroll School for the past 25 years.

Coach Cullison began his coaching career as the Junior Varsity coach at State College Area Sr. High during his junior year at Penn State. He learned the game from renowned PSU coaches Dr. Tom Tait and Russ Rose. Prior to John Carroll, Coach Cullison served as the Varsity volleyball coach at Keystone Oaks (PA) for 2 years and Union City (PA) for 1 season.

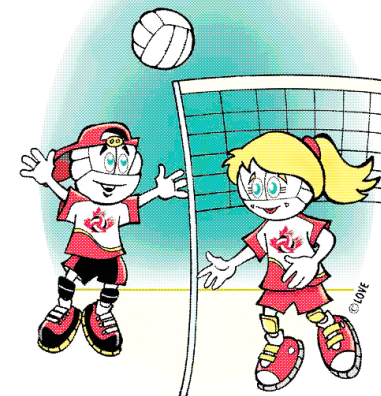
Under his guidance, the JC Patriots have won 5 IAAM conference championships (including the last 3 years) since joining the private school league in 2002. Prior to that, the Patriots won 2 Harford County Championships while competing against local teams such as Bel Air, Fallston and C.Milton Wright. The Patriots have several alumni competing at the college level and been recognized regularly among the Baltimore Sun's Top Metro area volleyball teams. The Patriots are most proud to have **Kayani Turner** selected as the #1 rated player in the Metro region and the Gatorade Player of the Year in the state of Maryland in 2004.

Coach Cullison enjoys attending college volleyball matches to cheer on former players. He remains a lifelong student of volleyball and attends various coaching clinics presented by former USA National Olympic team coaches Carl McGown, and Marv Dumphy with Gold Medal Squared Volleyball as well as Ross Rose's Penn State Coaches Clinic.

**Registration
now open !**

SUMMER VOLLEYBALL CAMP JUL 30 – AUG 3

FOR BOYS AND GIRLS



9:00 A.M. - 12:00 NOON

**CHURCHVILLE RECREATION CENTER
111 GLENVILLE ROAD
CHURCHVILLE, MD 21028**

REGISTRATION

Registrations are processed on a first come,
first served basis.
Enrollment is strictly limited to **48** campers so
prompt registration is recommended.
If the camp is full, your registration fee will
be refunded.

CAMP FEE \$150

EACH ADDITIONAL FAMILY MEMBER \$125

To register, complete the registration form and
enclose a deposit of \$50 payable to
Gregory Cullison.

The balance of \$100 is due
on the first day of the camp.

Volleyball Camp
c/o Greg Cullison
1337 Artists Lane
Bel Air, MD 21015

Day phone (410) 965-7296

Evenings (443) 255-2070

Email: nrg.volleyball@yahoo.com

WAITING LIST

You will receive an email notification
if the camp is full.

If a future opening occurs, you will be notified.

CANCELLATIONS

NRG Camps reserves the right to cancel a camp
if it does not meet minimum enrollment criteria.

REFUND POLICY

A full refund is granted
if the Camp is cancelled due to
lack of enrollment.

Release & Waiver of Legal Liability for NRG Camps

For a child to be eligible to participate in any NRG camp, his/her legal guardian(s) must attest that the participant is physically fit for athletic competition and that the guardian consents to such participation. While rules, equipment, and personal discipline reduce risks, the risk of physical injury does still exist. This release is intended to be as broad and inclusive as permitted by the laws of the State of Maryland.

I/We the parent(s)/legal guardian(s) of **(Camper Name)** _____, recognize and acknowledge the risks of physical injury, including paralysis and death, and medical cost which may be sustained as a result of participating in athletic activities.

Medical Care

I grant my permission to Gregory Cullison and his coaches the right to authorize any paramedic, registered nurse, licensed physician, or dentist, and/or other licensed, certified, or trained medial personnel to provide to the above-named camp participant any and all emergency and general medical care which is found to be necessary or advisable for any illness or injury in the event that I/We, or the designated representative, cannot be reached. I hereby authorize and request that any and all medical records relative to the above-named camp participant's medical condition or treatment at any time be released to the requesting paramedic, registered nurse, licensed physician, or dentist, and/or other licensed, certified, or trained medical personnel. I hereby agree to hold harmless Gregory Cullison and his agents from liability arising out of an accident situation. The Maryland Good Samaritan law will apply. I hereby agree to pay for any and all expenditures required for the proper care of the above-named camp participant. I understand that Gregory Cullison does not assume any responsibility for or obligation to provide financial assistance or other assistance, including, but not limited to, medical, health, or disability insurance, in the event of illness or injury.

Parental Consent and Waiver

I/We grant our consent for the above named camp participant to participate in this camp. I/We, for myself/ourselves and for the above named camp participant, hereby indemnify and hold harmless Gregory Cullison, any and all participating employees, athletic trainers, coaches, sponsors, or advertisers of Churchville Recreation for any liability for all claims, demands, and rights of action arising out of any injury, disability, death, or loss and/or damage to person or property which may occur as a result of his/her participation. By signing below I/We acknowledge that I/We have carefully read, understand, and agree to be bound to the above.

Parent/Legal guardian _____ Date _____
Parent/Legal guardian _____ Date _____

Emergency Information

Medical History (if pertinent)* _____

Insurance Co. _____ Policy # _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Parent/Legal guardian _____

Address _____

City _____ State _____ Zip Code _____

Phone (H) _____ (W) _____

(Cell) _____ email: _____

*Allergies, present medications, special considerations